TO HOSPITAL moy be reto

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2020

Reg. Dist. No. (121)()()

1. PLACE OF DEATH o. COUNTAINETE MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland, 3 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont 85 x 3
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION NEEDS Nursing Home	d. STREET ADDRESS 406 Walnut Ave. 406 Walnut Ave.
3. NAME OF First Middle (Type or print) Margaret	Ackerman 4. Date Month Day Yeor DEATH February 21, 19 58
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	- Mary 25 8/() IQU pyrindoy) Months Dove House Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse Nursing	Cumberland, Md. U.S.A
Joseph Ackerman	Barbara Reichert
(IVes no or unknown) . Iff was one was as dates of service)	7. INFORMANT Address Weeks Nursing Home Oakland, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of item 18.) PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) (County) (State)
The territy man i directed me deceased managed	ath occurred at \$ 40P M, from the causes and an the date stated abave. ADDRESS (Sireel, city or lown, stote) M.D. 770 M. Factor M. Fac
220. BURIAL, CREMATION, 22b. DATE THEREOF Feb. 24, 1958 S. S. P	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. George Cumberland, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 2 4 '58 CILL Leduch

BUREAU K. E. EEB S4 1958

3

MEDICAL EXAMINER'S DESTRICATE OF DEATH

Checkentral Complete State, Spinster and Sold . .

Research III villabilitie Die Die Look as Salvasia Income all far einterfele Collin eilbrei



FEB 24 1958



Poge 4 should be mial, chemation, ICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If ony delay is writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral district hief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files." DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior

I

TO DEPUTY	cute the c	forwarde	TO FUNERAL	or removo
	. A 5M		ME((5)

		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. (12011
	1, (PLACE OF DEATH a. COUNTY ARRETT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY GARRETT
	Ь	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) Russal C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Russal RED
0	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address). None On a farm? YES \(\) NO (III)
	(NAME OF DECEASED (Type or print) WILBUR, — Middle KYLE OF DEATH 2-8— 1958
	5. 5	m yr. WIDOWED DIVORCED Sept 22 1907 50 yrs. Months Days Haurs Min.
	d	JUSUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE State or foreign country) Words Washing life even if refired) 12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME PRINTER'S MAIDEN NAME PRINTER'S MAIDEN NAME PRINTER'S MAIDEN NAME PRINTER'S MAIDEN NAME
	(Yes.	WAS DECEASED EVER/IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. INFORMANT 10. INFORMANT 10. INFORMANT 10. INFORMANT 10.
		IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The card of the control of the
		Conditions, if any, which goverise to immediate cause (a), stating the underlying cause last. (b) DUE TO
5	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. P. m. 19 20d. INJURY OCCURRED While Not while at work at work at work
		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, ond find that deoth resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
		ACTUAL SIGNATURE COM N. Jeanter M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
		EXAMINENT JAMES H. FEASTER TR DEPUTY MEDICAL EXAMINER (ACTIVA) 2-8-58
		BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 2-11-1958 Blooming Rose Bur Friendswille Md
	23.	FUMERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE FEB 1 3 '58 OUT TO SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MATTIAND STATE DEPARTMENT OF REALTH-SALTIMORE I

Constant Dance

BUREAU K. E.

LES IS 1828

RECEDARIE

(M)

	1.	PLACE OF DEATH COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Residence RGINIA b. COUNTY GRAN	e before admission)
		b. CITY OR TOWN (If autside corparate limits, wri RURAL and give nearest lown) OAKLAND	9 days	c. CITY OR TOWN (IF OU MT . STOR	Iside carporate limits, write RURAL and g	ive nearest town) RT. H2
70		d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION GARRETT COUNTY MEMORIAL		d. STREET ADDRESS	85 x - 3	e. IS RESIDENC ON A FARA YES NO
		NAME OF First DECEASED (Type or print) BABY	Middle BOY	LAMBKA	4. DATE Month OF DEATH FEBRUARY	19 Yeor
		MALE WHITE WIDE	OOWED DIVORCED	8. DATE OF BIRTH 2/10/58	lost birthdoy) Months yrs.	Poxs Hours M
		. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUS	MT . STORM		S. A.
	13.	FATHER'S NAME WILLIAM LAMBKA		14. MOTHER'S MAIDEN NA HELEN ELA		
-		WAS DECEASED EVER IN U. S. ARMED FORCES? In no. or unknown) (If yes, give wor or dates of service)		NFORMANT RS. LOYAL MORE	ELAND, (COUSIN)	T. STORM.
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. Cause (c)	6 7770S 9EST		+ 2LBS 10)	10 dm
0	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	art 1 ar Part II of item 18.)	1(a) 19. WAS AUTOI PERFORMED YES NO
	MEDICAL	Hour a.m. W	Od. INJURY OCCURRED 20e. PL/hile Not while fac	ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City ar town) (C	ounly) (St
1		ACTUAL N SIGNATURE N SEA		accurred at 10:15	M, fram the causes and on the DDRESS (Street, city or tawn, stote)	ne date stated at DATE SI
n D	220	#HYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	(State)

Mile and the second of the second

BUREAU V. E.

:EB SV 1628



1	Serven		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2024 CERTIFICATE OF DEATH Reg Dist No. (12013)
Page 4 director, led with	M	1.	PLACE OF DEATH COUNTY GARRETT MARYLAND Reg. Dist. No. (12011)
death.			b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) OAKLAND
urs offer	70	GA	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ARRETT COUNTY MEMORIAL HOSPITAL #9 ALDER ST. e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO ((())
filled in			NAME OF DECEASED Lost ANNIE TREACY PENDERGAST 4. DATE Month Day Year OF DEATH FEBRUARY 25 19 58
pletely ers. Pog		5. 9	FEMALE WHITE WIDOWED DIVORCED MAY 18, 1813 Inst birthday) Manths Days Hours Min.
execute and com on pape death.	:		. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSAWIFE 12. CITIZEN OF WHAT COUNTRY? WARYLAND U.S.A.
cate be sician a ve carb irs after			FATHER'S NAME JAMES TREACY BRIDGET BOYLE
ing physici se remave	1)		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ires that the death ce ned by the attending ermit. Then please re n any event within 72	<i></i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO DUE TO DUE TO DUE TO
physician. as been sig ial-transit p	1	CERTIFICATION	COUSE (a), stating the under- lying cause last. (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO [2] NO [2]
IAN: The rending ficate h the bur or rem			20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.)
PHYSIC of or at this cert r use as emotion		MEDICA	20c. TIME OF INJURY Manth, Day, Year Vol. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED Yhile Nat while at wark
y the hasping. R: After actached for to burial, and			21. I certify that I attended the deceased from 1-4, 1958, to 2-25, 1958, that I last saw the deceased alive on 2-34, 1958, and that death occurred at 6-00AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
red RA shadd be stror prior	1		ACTUAL SIGNATURE OSEPH (Surars M.D. Cheland, M.d., Feb. 25, 193 PHYSICIAN'S NAME (Type)
may be TO FUNE	2	13	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
VS A15 (4) 15M 9/55	fis.		Filleren Funenderette Onkland Mil OMEAR 4 '58 Med educk

2

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4

THE WHAT IS A TOTAL OF THE RESERVE OF THE PARTY OF THE PA BUREAU V. E. 8361 7 881

VS. A15ME(5) 5M 9/55 00

2

		M	DICA	L EXAMINI	ER'S	CERTIFICA	ATE OF	DEATH	Reg. Dis	st. No.	112	015
1.	PLACE OF DEATH	rrett	7100	MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Garrett						
ı	o. CITY OR TOWN (If	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
S	wanton-rur					X Swanton	-Rural					
•				spitol, give street oddress	1)	d. STREET ADDRES	SS					A FARM?
	5 Mi E. of Swanton					5 Mi.E.		on			YES [NO [3
3.	NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE	Manth		Day		ear
		rnie	la .	Alvin		des	DEATH	1008	2			58
5. 5			7. MARRI	ED NEVER MARRIED				9. AGE (In years last birthday)	Months [YEAR	Hours	ER 24 HRS.
-	Male	White	WIDOWE	-	-	eb. 8, 188		74 yrs.				
10a	. USUAL OCCUPATION	ON (Give kind of work g life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (SI	tate or fareign	country)	12. CITIZ	EN OF	WHAT	COUNTRY?
	Miner		0	oal Mine		Maryla	nd		U.	S.A.		
13.	FATHER'S NAME				70	14. MOTHER'S MAIDE	N NAME					
	Andrew J	• Rhodes			3	Emily	Bray					
		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address		100	350	32 10
	no	no			0	harles Rho	des-R.	D. Swantor	n, Md.			
	18. CAUSE OF DEAT	TH [Enter only one co	use per line	for (o), (b), ond (c).]		-					AL BETWI	
	PART I. DEATH WAS CAUSED BY: 177/40 CARD in the transfer of th											
	420.1	DUE TO										
	Conditions, if ony, which) (b)											
	gove rise to immed	liote couse				-04355						
	(c), stoting the underlying couse last.											
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO											
CERTIFICATION	20a. EXTERNAL CAU PRIMARY ar CON CAUSE OF DEATH.	ISE WAS		E HOW INJURY OCCUR	RED. (Er	nter nature of injury in	Port I or Port	It of item 18.)				
MEDICAL	20c. TIME OF INJUR		While	e Not while	e. PLAC	E OF INJURY (Home, f ry, street, office bldg.,	form, 20f. (Ci	ity or town)	(Coul	nty)		(Stote)
>	p. m. 19 of work of work 21. I certify that I took charge of the remains described above, held an Autapsy 1. Inspection 12. Inquiry 1. and find that											
	1.1			_				Inspection X,		/ Ш·	ana	find that
	death resulted	main: Natural	conses [, Accident	PUIC	ide [], Homici	ide ∐, l	Jndetermined o	ause [].			
	ACTUAL SIGNATURE	new IN.	teo	eter y	1.	M.D. CHIEF MEDICAL	L EXAMINER	1			DATE S	IGNED
	SIGNATURE			11		ASSISTANT ME	DICAL EXAMIN	NER 🗆			2	· ~(
	EXAMINER'S NAME (Type)	· 4.7=12	ter	Ch m				B 4 Ct.			×-	16 16
220	REMOVAL (Specify)			22c. NAME OF CEMETE	RY OR (CREMATORY	22d. LOC	ATION (City, town,	or county)		(Stot	e)
22	Burial FUNERAL DIRECTOR	Feb. 22	, 20	Mt. Zion		24- 8	EC'D BY REGIS	Garre	ett Co	unt	r, M	d
23.	S' DECIOR	130000			27	A Company of the last		- 0	/ 5	1		
	(6.13)	vac		Westernpo	ort,	Md DATE	FEB 2 4'	58 1 000		-		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STAYS OF ARTHURS OF HIALTH - FAITHORS - MEDICATE OF DEATH



FEB 24 1958



02016

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY GARRETT MARYLAND	O. STATE W. VA. B. COUNTY GRANT.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
DAKLAND	BAYARD W.VA 85x 3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
DIED ON ARRIVALTO HOSPITAL	ON A FARM? YES \(\sum NO \(\overline{
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) 3 ETTY Jo	ROY DEATH FEB - 21 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdoy) Months Days Hours Min
FEMALE WHITE WIDOWED DIVORCED	SEP1-29-1937 20 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
WAITRESS	MABLE ROCK GARRETT CO. IL.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HOWARD ROY	NINA PENNINGTON
	NFORMANT Address
[Yes, no, or unknown] [If yes, give wor or dates of service] 224-62-2862M	RS NIMA MOY BAYARD W.VA.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH
4-73 X DUE TO 2-14	1. 4
Conditions, if any, which)	ilit severe 3 have
gove rise to immediate	
lying cours lest	
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
5/1-	PERFORMED?
ometing nexu	
20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING []	D. (Enter nature of injury in Port I or Part 11 of item 18.)
O Hour o. m. While Not while fo	ACE OF INJURY Home, form, 20f. (City or town) (County) (State)
p. m. 19 of work of work	
21. I certify that attended the deceased fram. June 1	, 1957, ta February 2), 1958, that I last saw the deceased
alive an February 19, 19, 58, and that death	accurred at 12 A M, from the causes and an the date stated above
n/1/1/1/1/1/	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Methert H. Jeighton	M.D. 77 Onk Sty Cakland, Md. Fal 221
PHYSICIAN'S Des Translation To The Translation To The Translation	
NAME (Type) Dr. Herbert H. Leighton	Oakland, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL ITEB-24-1458 BAYARD CI	EMETERY BAYARD W.VA.
23. EUNERAL DIRECTOR'S SIGNATURE. Bolden Funeral Home, Oakland. M	and 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Bolden Funeral Home, Oakland, M	DATE FER 2 6 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 1SM 9/SS

HTANG TO STADFITHED DEATH

		Description Des	
	A Laborator	The Company	Chord disc to delenate of the
Avariables in the second second			The state of the s
BUREAU V. S.		Mark to the contract	
LEB SQ JGED			
DECEDVES. 1958 FEB 26 1958		military . II o has lossed h	

after death. Page

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

the attending physician and completely filled Then please remave carbon popers.

1. PLACE OF DEATH o. COUNTY

20%	27 CERTIFIC	ATE OF DEATH			Reg. Di	ist. No.	02	017
1. PLACE OF DEATH c. COUNGarrett	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased	b. COUNTY			e odmiss	ion)
b. CITY OR TOWN (If autside corporate limits, wring RURAL and give nearest town) RUPAL UAKLAND.	75 years	c. CITY OR TOWN (IF or XRural Oa	klan		JRAL and	give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, give start 2 9 in 15 Tele Oakland, Ro	reet address) Oute 219	d. STREET ADDRESS 2 Mi. S. Oa	klan	d, Rout	e 21		e. IS RES ON A YES-	FARM?
3. NAME OF First DECEASED (Type or print) Joseph I	Middle Harry	Sanders	4. DATE OF DEATH	Mon Februar		27,		Yeor 19 58
11/070	MARRIED NEVER MARRIED OWED DIVORCED	May 20, 187		9. AGE (In years last birthdoy) yrs.	Months	Doys	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION (Give kind of work done Re during mash of Sching life veren if reliced be	rator,	JSTRY 11. BIRTHPLACE (Stote of Maryland		ountry)		S.A		COUNTRY
13. FATHER'S NAME Henry G. Sanders		Mary Moon	_					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. ar unknown) (If yes, give war or doles of service)		INFORMANT eorge Sander	s, R	. D. Oal		d.,	Md.	
18. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).]	Vascalar	Ac	riden	1		RVAL BE	
Canditians, if any, which gove rise to immediate	arteriore	eratio la	radio	Vaccular	Diz	enise	15	- + VI
cause (a), stating the under- lying cause last.								
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a) 1		AUTOPSY RMED?

YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED factory, street, affice bldg., etc. Hour a. m.

20f. (City or town) Not while of work of work

(County) (Stote)

27, 1958, that I last saw the deceased 21. I certify that I attended the deceased from Feline M, from the causes and an the date stated above. and that death occurred at. ADDRESS (Street, city or town, state) DATE SIGNED

Leighton, M. D. Herber PHYSICIAN'S NAME (Type)

Oakland, Md.

22a. BURIAL, CREMATION, 3/2/1958 22d. LOCATION (City, town, or county) Garrett Co., Md 22c. NAME OF CEMETERY OR CREMATORY Red House Cemetery (State) **ADDRESS**

MIRANDIRECTOR'S SIGNATURE

Oakland, Md.

24a, REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

TO HOSPITA page 3 sha TO FUNERA

the registrar

oched far use as the burial-transit

CERTIFICA

MEDICAL

BLADWILL C 8381 3 AAN;

3

attending ;

0

VS A15 (4) 1SM 10/57

withi

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2928

CERTIFICATE OF DEATH

112018

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b. COUNTY MARYLAND Garrett West Virginia Preston b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Oakland Terra Alta. W. Va. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Garrett County Memorial Hospital YES NO 110 Lakin Avenue NAME OF Middle 4. DATE Yeor DECEASED (Type or print) Arthur Rower Schwer DEATH 1958 February 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED S. SEX 9. AGE (In years lost birthdoy)
72 yrs. 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Male White WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Verona, Pa. Millright America 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Franklin Schwer Lena Bower Schwer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 10 Lakin Ave. Terra Alta, W. Va. HWi fell Vivian Dorothy 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Schwer INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Canditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 1-27-58 2-17-58 1958 that I last saw the deceased olive on 2-17-58 and that death accurred at 9:25A M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Oakland, Maryland NAME (Type) Joseph Alvarez 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Terrafita Cemeter ITA. Wast VIRGINIA 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR. 246 REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

BUREAU V. S.

The state of

FEB 20 1953



11	2	0	1	0
U	4	U	1	J

	202	CERTIFICA	AIE OF DEATH		Reg. Dist. No.		
	1. PLACE OF DEATH o. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (Where a. STATE WEST VIR	deceased lived. If institutions GINIA b. COUNTY M	Residence before admission)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside (BLAINE) KI	RAL and give nearest town) YLAND 85X-3			
0	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION GARRETT COUNTY MEMORIAL	oddress) HOSPITAL	d. STREET ADDRESS (Res. Blaine,	W. Va., P.O. K	itzmillers NO		
	3. NAME OF First OTHA OTHA	Middle FRANCIS	SHARPLESS 4.	DATE Month OF FEBRUAR	Y 26, 1958		
	S. SEX 6. COLOR OR RACE 7. MAR WHITE WIDOW		FEB. 4, 1879	1 1 1 1 1 1 1 1	FUNDER 1 YEAR 1F UNDER 24 HRS. Months Days Haurs Min.		
	10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) FUNERAL DIRECTOR	. KIND OF BUSINESS OR INDUSTRIBLES OF INDUSTRI	WEST VIRG		U.S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .			
X	SHARPLESS, BENJAMIN		PAUGH, AMY				
7			MY MILDRED SHAR	PLESS, KITZMI			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. Conditions (c)	Exteriorle	rotic C.V.	J	Ryears		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOIN PERFORMED YES NOT						
	20c. TIME OF INJURY Month, Doy, Yeor 20d. Hour o. m. While		ACE OF INJURY (Home, form, 2 tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
	21. I certify that I attended the decea alive an Feb. 26, 19 ACTUAL SIGNATURE & Manual Constitution of the constitution of th		accurred at 3:00 a		that I last saw the deceased d an the date stated above DATE SIGNED		
	PHYSICIAN'S A. E. MANCE, M.		OAKLAND, MA		2-26-58		
	220. BURIAL, CREMATION, BEMOVE Specify) 3/1/1958			lk Garden,	W. Va.		
	23. DUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oaklan	d, Md. DATE MAR		AR'S SIGNATURE		

may be related by the hospital ar attending physician.

D FUNERA AR: PR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 77 bours after death. TO HOSPITAL may be reb TO FUNERA

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4

uneral director,

VS A1S (4) ISM 9/SS

MARYLAND STATE DEPARTMENT OF REALTH - BASTIMORE, 18 2 .V UARRUA IS A LEGINARY

The state of the s

the haspital ar attending physician.

TO HOSPITAL may be rep TO FUNERA

VS A15 (4) 15M 9/55

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2030

CERTIFICATE OF DEATH

02020 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY GARRETT MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE WEST VIRGINIAS. COUNTY TUCKER								
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
OAKLA	The state of the s		25 DAYS		DAVI			8	5 X.	. 5		V	
d. NAME OF HOSPIT OR INSTITUTION GARRETT COU	AL (If not in hospitol, g				BOX 26							FARM?	
3. NAME OF DECEASED (Type or print)	Fir MA		Middle HAZEL		Los		4. DATE OF DEATH	Mor FEBRUAL		Do		Year 1958	
5. SEX			RIED NEVER MARRIED DIVORCED	-	8. DATE OF BIRTH			P. AGE (In years loss birthday)	1F UNDER	1 YEAR Doys		ER 24 HRS. Min.	
FEMALE	WHITE	WIDOWI	KIND OF BUSINESS OR					44 угз.	112 61	175110	F 14/1/4 7	COLUMBRIA	
during most of work	ing life, even if retired)	KIND OF BUSINESS OR	יטטאו	WEST			untryj		J.S.		COUNTRY	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME						
WILLIAM	MILLER				PER	RL 1	अअ.						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. II	NFORMANT		157.11	Add	ress				
(Yes. no. of Non	(if yas, give wer or done or i			HA	RRY SOME	RS, B	ox 263	, DAVIS	W.	VA.	1		
PART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Multip	de	1 m	life	lon	ua			RVAL BE		
203X	DUE TO				//	1					1		
Conditions, If a		}			0								
gave rise to it	mmediote () A		1,10				
lying cause lost.	(c)				I Tak							
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY ORMED?	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREI	D. (Enter noture of	f injury in P	ort I or Port	II of item 1B.)					
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED 20 k ot work	e. PL/ foc	ACE OF INJURY (I tory, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	{	County)		(Stote)	
alive on VZ	at I attended the huzry 31	deceas , 193	ed from Moven		accurred at.,	6:05a	eM, from	2 Klane	and on t				
		HTON,					MARY						
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	Rose Hil		R CREMATORY			ON (City, town,	or county)		(Stot		
23. FUNERAL DIRECTOR	10/2/00		ADDRESS	la .d.		24- 05010	BY REGISTR	Phomas	STRAR'S SI	CNATH	WV	а	
AN. h		u	Thomas,	W.	Va.	FEB 6		Ruil	educe	A			

-145 PM

o. COUNTY Gar	rett		MARYLA	O. STA	L RESIDENCE (Whole arvland	ere deceosed li	b. COUNTY		
b. CITY OR TOWN (I	f outside corporate limi	its, write c. L	LENGTH OF STAY IN		Y OR TOWN (If o	utside corporate		7 C C C C	0
RURAL ond give ne	ton		4 vrs.	W	utton				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, s	give street oddre	V		REET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fidne Sidne		Middle Jacob	S	losi piker	4. DATE OF DEATH	Moni Februar		Day Yeor 19 58
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE O	F BIRTH .		AGE (In years	IF UNDER 1 YE	AR IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED	Dec.	10, 18	72	lost birthdoy) 85 yrs.	Months Doy	rs Hours Min.
Do. USUAL OCCUPATION during most of work	ON (Give kind of work ing life, even if retired	done 10b. KIND	OF BUSINESS OR	INDUSTRY 11. B	IRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN	OF WHAT COUNTR
Sawyer of			aw mill	M	aryland			U.S.	A.
3. FATHER'S NAME					THER'S MAIDEN N				
Thomas	Spiker			E	lizabet	h Jane	Lewis	3	
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	ervicel		17. INFORMAN	T		Addr	ess	THINK THE
no		232	03 2655	-A Ma	ava Spi	ker	Mt. La	ake Pa	rk, Md.
18. CAUSE OF DEA	TH [Enter only one co	ouse per line-for	5(0), (b), and (c).]	. (-			[1	NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	. 4	marki	han	1110011				NSET AND DEATH
	IMMEDIATE CAUSE (o	1	6 6 6 6 6	-2/1/200	WOMIG				- 1
450.0	IMMEDIATE CAUSE (o		1)	- Elmer	wone				- May
450.0 Conditions, if or	DUE TO	0	Ceris	lesa	wong q				18 ors
Conditions, if or	DUE TO	, Qu	Cerisso	Sera	uom q		•		18 eyrs
Conditions, if or	DUE TO ny, which mediate the <u>under-</u>	, Q	Cerisso	lesas	womy.		•		18 gys
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	DUE TO	G.	CETUS SCIENTING TO DEAT	des a	TED TO THE TERMIN	NAL DISEASE C	ONDITION GIVI	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
Conditions, if or gove rise to it couse (o), storing lying couse lost. PART II. OTH 49/X 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	DUE TO ny, which (b mediate the under- (c	dipitions cont	RIBUTING TO DEAT					EN IN PART 1(c	PERFORMED?
Conditions, if or gove rise to it couse (o), stoting lying couse lost. PART II. OTH	DUE TO (b) mmediote the under: CER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	CURRED. (Enter no		ort 1 or Port II	of item 18.)	EN IN PART 1(o	PERFORMED? YES NO
Conditions, if or gove rise to it couse (a), stoting lying couse lost. PART II. OTH 49 / X 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	DUE TO ny, which mediate the under: GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yei	20b. DESCRIBE 20d. INJUR While of work	Y OCCURRED 2 Not while of work	CURRED. (Enter no	oture of injury in P	ort 1 or Port II	of item 18.)	(Coun	PERFORMED? YES NO (Slote
Conditions, if or gove rise to it couse (a), stoting lying couse lost. PART II. OTH 49 / X 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	DUE TO ny, which mediate the under: DUE TO DUE TO (c) ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yei	20b. DESCRIBE 20d. INJUR While of work	Y OCCURRED Not while of work	CURRED. (Enter no	JURY (Home, form, office bldg., etc.)	20f. (City or	of item 18.) town)	(Coun	PERFORMED? YES NO Stote ty) (Stote
Conditions, if or gove rise to it couse (a), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. 1 certify th	DUE TO ny, which mediate the under: DUE TO DUE TO (c) ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yei	20b. DESCRIBE 20d. INJUR While of work	Y OCCURRED Not while of work	Oe. PLACE OF IN fociory, street	JURY (Home, form, office bldg., etc.)	20f. (City or	of item 18.) town)	(Coun ,that I last nd an the	PERFORMED? YES NO Stole saw the deceasedate stated above.
Conditions, if or gove rise to it couse (a), stoting lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th alive an	DUE TO ny, which mediate the under: DUE TO DUE TO (c) ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yei	20b. DESCRIBE 20d. INJUR While of work	Y OCCURRED Not while of work	Oe. PLACE OF IN fociory, street	JURY (Home, form, office bldg., etc.)	20f. (City or	of item 18.) town)	(Coun ,that I last nd an the	PERFORMED? YES NO
Conditions, if or gove rise to it couse (o), stoting lying couse lost. PART II. OTH 49 / X 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 10a. TIME OF INJUR Hour o. m. p. m. 21. I certify the alive an ACTUAL SIGNATURE	DUE TO ny, which mediate the under: DUE TO DUE TO (c) ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yei	20b. DESCRIBE 20d. INJUR While of work deceased f	Y OCCURRED Y OCCURRED Y or while of work Tom	Oe. PLACE OF IN fociory, street 19 Jeath accurre	JURY (Home, form, office bldg., etc.)	20f. (City or	town) town) the causes a st, city or town, s	(Coun ,that I last nd an the	PERFORMED? YES NO Stole saw the deceasedate stated above.
Conditions, if or gove rise to it couse (o), stoting lying couse lost. PART II. OTH 49/X 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the alive an	DUE TO ny, which mediate the under- the under- GER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yer 19 at 1 attended the And 1 ow E N, 22b. DATE THEREC	20b. DESCRIBE 20b. DESCRIBE ar 20d. INJUR While of work deceased f 19 \ S Mance OF 22cc	Y OCCURRED Y OCCURRED Y or while of work Tom	Oe. PLACE OF IN. fociory, street death accurre M.D	JURY (Home, form, office bldg., etc.) d at	20f. (City or Am, from the Country of the Country o	town) town) the causes a st, city or town, s	(Coun ,that I last nd an the o	PERFORMED? YES NO Stole saw the deceasedate stated above.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

PLATE OF THE OF DEATH

	FR.554-1-9555	
	similar Total in report	

Married and the parties of the control of the control of the parties of the control of the contr



8361 81 83.



E. S. Santon Street, St. V.

02022

ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY GARRETT MARYLAND	O. STATE MARYLAND B. COUNTY GARRETT.
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	X GRELLIN MP
	d. NAME OF HOSPITAL (If nat in hospital, give street address)	. d. STREET ADDRESS e. IS RESIDENCE
)	OR INSTITUTION	ON A FARM? YES NO 🔀
	3. NAME OF DECEASED P First Middle	Lost 4. DATE Month Day Year
	(Type or print) PEBECCA JANE	STILES DEATH TEB - 4 1958
i	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
	FEMALE WHITE WIDOWED DIVORCED -	SUNE-3-1818 Tost birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	WANA W.VA. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	LEVI STILES	ELIZABETH SENTIE.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no. or unknown) [1] (If yes, give wor or dates of service)	NFORMANT Address
	W	ILLIAM M. STILES LRELLIN M
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
/	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NS HIJERE
	350 X DUE TO	
	Conditions, if ony, which) (b)	
	gove rise to immediate code (a), stating the under-	
	lying couse lost. (c)	
~	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	3 Jeneralis of the	JULIOU YES NO NO
5	✓ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Port 1 or Port 11 of item 18.)
ď		
	Hour o. m. While Not while for	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
	p. m. 19 of work of work	
	21. I certify that I attended the deceased fram.	1954, to 150, 1953 that I last saw the deceased
	alive an 19 , and that death	occurred at 10 A:M, from the causes and an the date stated above.
	1000	ADDRESS (Street, city or town, stote) DATE SIGNED
,	SIGNATURE C. T. VOLUMENTAN	M.D. 25 th DER 2/5/50
	PHYSICIAN'S I I RAINGODTITO	ame ala
	NAME (Type) E, II/ PLINCE MILINEIL	, <u>STIULTIST</u>)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	A A
	BURIAL PEB-6-145 Y UNDER WOOL	The state of the s
	23. FUNERAL DIRECTOR'S SIGNATURE HOME ADDRESS OAKIA	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Otherson Tuning d'uclar	DATE PED 1 1 158 CAR A CAR

TO FUNERAL TO HOSPITAL VS A1S (4) 1SM 9/SS BUREAU V. 8961 II 834

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		2.	133	CERTIF	ICA	ATE OF D	EATH	1			Reg. Di	st. No.	119	119
1, PLA o. C	CE OF DEATH	ett		MARYLA	AND	2. USUAL RESID	ylan	ere decease	d lived, If i	institution DUNTY	Residen	ce before	odmissio	, जिल् स
b. C	TY OR TOWN (IF	outside corporate limi grest town) BNA	ts, write	c. LENGTH OF STAY IN 70 yrs.	4 1b	c. CITY OR T	-	Oakl		write RU	RAL ond	giva neare	est town)	
d. I	NAME OF HOSPITA	ursing H	ome	address)		d. STREET A		Oakl	and,	Md.		•.	IS RESID	ENCE ARM?
3. NA	ME OF CEASED De ar print)	Thayne	st	Middle Oliver	?	White		4. DATE OF DEATH	Febr	Month	y	Day	Ye	
5. SEX	Male	White	7. MARE	ELED THE NEVER MARRIED ED DIVORCED	_	B. DATE OF BIRTH Feb. 3,			9. AGE (In	vegrs			Hours	24 HRS. Min.
Fa:	SUAL OCCUPATION STRING MOST OF WORK	N (Give kind of work no life even it refired a Janito)	done 10b.	kind of Business or urt House	INDUS		ACE (Stote /land		ountry)			ZEN OF	WHAT C	OUNTRY
I3. FAT	HER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
	James	W. White	9			Flora	a McC	rum						
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT				Addre	15			
]	no	r yes, give war or dates or s	ervice)		Mr	s. Than	me C	. Wh	ite	0a	klar	nd,	Md.	
9 01	onditions, if on over rise to in ouse (o), stoting the ring couse lost.	mediote DUE TO) (A	Mercon	H BUT	era ti	THE TERMI	ALO I	E CONDITION	las ON GIVE	Dei N IN PAR	T 1(a) 19.	WAS ALL PERFORM	JTOPSY
CIE (IF	a. ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URREC	O. (Enter nature of	Finjury in F	ort I or Por	t II of item	1B.)			_	NO 🖪
WEDICAL 204	Hour o.m.	Month, Doy, Ye	While	Not while at wark	0e. PL/ foc	ACE OF INJURY (Fitory, street, affice	Home, form bldg., etc.	20f. (Cit	y or town)		(0	County)		(Stole)
AC SIG	TUAL SNATURE	at I attended the	19.	ed from February, and that dighton, M.	leath	occurred at M.D. 776	:45A	ADDRESS (S	n the contreet, city of	uses ar	od on the	last saw	stated	eceased above E SIGNED
220. BI	JRIAL, CREMATION	2/7/19		22c. NAME OF CEMETE Oakland O					tion (city, kland		county)	- 0	(Stote)	
23. 9 U)	VERAD DIRECTOR'S	SIGNATURE	1)	ADDRESS Oakl	an	d, Md.	24o. REC	BY REGIS	TRAR 24	REGIST	RAR'S SIG	NATURE	MI	

TO FUNERAL TO HOSPITA

THE REPORT OF SERVICE SALES AND ADDRESS OF THE PARTY OF T

A STATE OF THE PARTY OF THE PAR

;£8 10 1328